

	<b>Montana Mental Health Nursing Care Center Policy Manual</b>	<b>Policy Number</b>	<b>1103</b>
		<b>Original Date</b>	<b>03/01/1984</b>
		<b>Revised Date</b>	<b>07/09/2015</b>
	<b>Department: Social Services</b>  <b>Resident's Rights</b>		

### **POLICY:**

All residents at the Center will be afforded the rights required by the following standards.

1. Federal Regulation
2. State of Montana Department of Public Health and Human Service
3. The Mental Health Commitment Act (Title 53, Chapters 20 & 21, Montana Codes Annotated)

### **PROCEDURE:**

1. The staff at the Center will insure that all residents are encouraged to exercise their rights and privileges to the fullest extent possible.
2. The Care Plan Committee may impose restrictions to these rights provided the restrictions are a part of the care plan, adequately justified, and made known to the guardian/DPOA. Such restrictions must be renewed by the interdisciplinary care plan team on a quarterly basis.
3. Social Services will provide a copy of resident rights and facility rules and regulations to each appointed representative on admission.
4. Social Service will review resident's rights and have the resident or guardian/DPOA sign a copy to be placed in their chart.
5. A copy of resident's rights shall be posted in the facility in full view of the residents and staff.
6. Social Service will provide in-service training on residents' rights to residents and staff.
7. When changes occur in physical or mental status that cannot be adequately provided by the facility, residents will be transferred to hospitals, skilled nursing facilities, or other appropriate facilities.

**Resident's Rights**

8. As part of the admission process the facility Social Worker will provide the resident with the following:
  1. Copy of Residents' Rights (Attachment #1)
  2. Copy of Resident Rules and Regulation (Attachment #2)
9. The Social Worker will review Resident Rights with each resident at time of admission. They will then be asked to sign the Resident Rights Form (Attachment #1) or it will be sent to guardian or DPOA. These rights will be reviewed at Resident Council.
10. The following Resident Rights will be reviewed with residents at the time of their annual care plan by the social worker.
  - A. The facility has written policies governing access to, duplication of, and dissemination of information from the resident's record.
  - B. The resident also has the right to confidential treatment of his personal and medical records and to approve or refuse the release of these records to an individual outside the facility, except for transfer to another facility, as required by law or third party payment contracts.
    1. The Medical Records Administrator is responsible for the release of written records to another facility as required by HIPAA.
  - C. The resident may voice grievances, complaints and recommend changes in policies and services to facility staff and/or outside representatives of his/her choice, without restraint, interference, coercion, discrimination, or reprisal.
    1. Each resident who has a grievance should be advised of facility policy #1105 Resident Grievances.
  - D. Resident or representative are informed of charges for services determined by the Department of Public Health and Human Services Reimbursement office. Each resident is given a copy of his/her monthly statement. All services available are reviewed at the time of admission for each resident. The care plan committee makes a monthly determination of residents that do not receive this information because it would be clinically disruptive.
  - E. Resident is treated with consideration, respect, and full recognition of his/her dignity and individuality, including privacy in treatment and in care for personal needs.

**Resident's Rights**

1. All staff has the obligation to give the resident his privacy. Visitors should be treated as guests in the resident's room as if this were his home. Pull curtains and close doors upon the resident's request. If other residents are in the room and it becomes necessary to give treatment during visiting hours, ask visitors to kindly leave the room so that a resident can receive treatment.

If married; the resident is assured privacy for visits by spouse and if both are residents in the facility to be permitted to share a room, unless medically contraindicated.

2. The role of all staff is that of respecting the resident's right to privacy. It is not appropriate to ridicule or shame the resident for having desires that are normal and healthy. Usually a matter-of-fact attitude is best.
3. It is important to recognize the residents' religious and cultural differences and provide as much support for their beliefs and customs as possible. Cultural factors influence how the residents behave toward other residents and staff
4. The resident's dignity and individuality should be respected by calling him/her by the name they prefer. Don't use nicknames, such as "Gramps, Pops, Mom or Grandma". Nicknames show a lack of recognition of the resident as an individual. Explain to the resident

what you are doing and why. Do things with, not to, the resident. Give the resident sincere praise when he makes a special effort. In difficult situations, use firm kindness.

Respect is shown by assisting the resident to stay clean, well groomed and properly attired.

A resident is entitled to privacy during treatments and care. Privacy means using curtains or screens around the bed. It means closing the door to the bathroom or hallway when giving care or treatments. It means exposing only the parts of the resident's body needed to do the treatment.

- F. Resident will not be required to perform services for the facility that are not included for the therapeutic purpose in his/her plan of care.
  1. Residents participate voluntarily in the resident work program and are paid a salary consistent with their ability and work performance.

**Resident's Rights**

2. Resident may assist with care of their room, or personal belongings.
- G. Resident may associate and communicate privately with persons of his/her choice unless to do so would infringe upon the rights of other residents. Resident may send and receive personal mail unopened unless restricted by care plan team/guardian
1. Relatives and friends may visit at any time, even if the resident is critically ill. The resident has the right to privacy during these visits.
  2. Assistance is offered in reading and responding to correspondence. Some residents or guardians have authorized the Business Office to handle business mail.
- H. Resident may manage his/her personal financial affairs, or is given an accounting upon request his/her financial transactions made on his/her behalf unless restricted by the care plan team, guardian or conservator.
- I. Resident may participate in social, religious, and community groups.
1. Residents have the right to religious worship. Provisions for such worship shall be made available to all residents on a nondiscriminatory basis. No individual shall be required to engage in any religious activities.
  2. Activities are planned to meet resident needs. All schedules are posted throughout the facility. Residents may choose their own activities and schedules.
  3. Residents may make choices in all aspects of life in the facility.
- J. Resident possessions as limited to their room space and one medium box as space permits. Staff should make efforts to accommodate individual needs and preferences.
- K. Resident should be informed by a physician of his/her medical condition (as documented by a physician in the resident record), to be afforded the opportunity to participate in the planning of his/her total care and medical treatment, and to refuse treatment, and to participate in experimental research only upon written consent.

**Resident's Rights**

1. A resident has the right to refuse treatment to the extent permitted by law and to be informed of the medical consequences of such refusal.
  2. Each resident will be interviewed prior to each care plan review and invited to attend. Special circumstances of treatment refusal will be addressed by the care plan team, guardian durable power of attorney or Involuntary Medications Review Committee.
- L. Except in case of emergency, the resident, next of kin, attending physician, guardian, or durable power of attorney shall be notified at least 30 days in advance of discharge. If resident is under a Mental Health Commitment, a five day notice will be given.
- M. Resident is transferred or discharged only for medical reasons, or for his/her welfare or that of other resident(s), or for nonpayment for his/her stay (except as prohibited by titles XVIII or XIX of the Social Security Act), and is given reasonable advance notice to ensure orderly transfer or discharge, and such actions are documented in his/her resident record.
- N. Resident is to be free from mental and physical abuse, and free from chemical and physical restraints except as authorized in writing by a physician for a specified period of time, or when necessary in an emergency to protect the resident from injury to self or others.
1. Chemical restraints are mind-altering drugs. Physical restraints are only used for the protection of the resident so that he does not injure him/herself or others. Restraints cannot be used as punishment or for staff convenience.
  2. Physical restraints shall be administered per policy #523.